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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/561,654
	Filing Date	December 20, 2005
	First Named Inventor	Hertel
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	21733

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Executed Declaration	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Dennis P. Tramaloni	
Signature		
Date	04/07/2006	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Dennis P. Tramaloni		
Signature		Date	04/07/2006

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161/61FW \$

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application

Confirmation No.

Inventors: Cornelia Hertel, et. al.

Art Unit:

Application No. 10/561,654, filed December 20, 2005

Examiner:

For: TRITIATED GROWTH HORMONE SECRETAGOGUE MK-0677

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Nutley, New Jersey 07110
April 7, 2006

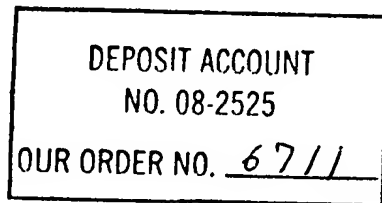
Mail Stop: Missing Part
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Sir:

In response to the Notice of Missing Parts of Application, applicants enclose an original Declaration executed by Cornelia Hertel, Philipp Huguenin, Sannah Jensen Zoffman and Jean-Marc Plancher, co-inventors of the captioned application. The submission of the executed Declaration completes the formal requirements for filing the captioned application. Please make the foregoing of record.

Appl. No. 10/561,654
Filed: December 20, 2005

The payment of a surcharge of \$130.00 is to be charged to Deposit Account No. 08-2525. Any underpayment or overpayment should be charged or credited to Deposit Account No. 08-2525.



DPT:lm
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Respectfully submitted,


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